

# Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





See DEP Regional Office telephone and fax numbers at the end of this form.

A	. Reporting Facility				
1.	Facility Information				
		oole -			
	Lynn Water & Sewer Commission Reporting Sewer Authority			100552	
2.		2009	Perm	it #	
۷.	Authorized Representative T	ransmitting Form:			
	Neal	Johnson	781 596 2400	) v 242	
	First Name	Last Name	Telephone No.	X 243	-
	Sewer Dept. Superintendent	njohnson@lynnwatersewer.org			
R	Phone Notifications:				
	in none Notifications	5.			
1.	MassDEP staff contacted:	Joeseph	Nerden		
		first name	last name		
	Date/Time contacted:	8/13/183	2:30 pm		
	ontacted.	Date	Time	— am	pm pm
2.	EPA staff contacted:	Douglas	Koopman		
	300000000000000000000000000000000000000	first name	last name		
	Date/Time EPA contacted:	7/18/18	2:40 pm	9	
		Date	Time	am	pm
3.	Board of Health contacted:	First Name			
	_	First Name	Last Name		
	Date/Time contacted:	Date		am	П
4.	Others matifical (all the state)		Time	L am	☐ pm
٦.	Others notified (select all that apply);   Conservation Commission				
	☐ Harbormaster ☐ Sr	allfich Mandan (	7		
	☐ Harbormaster ☐ Shellfish Warden ☐ Division of Marine Fisheries				
	□ Downstream Drinking Wat	ter Supplier 🖂 V	Vatershed Association		
			valershed Association		
	☐ Beach Resource Manager	Other:			
C.	SSO Information		(specify)		
	ooo iiiloiiilatioji				
1.	SSO Discovered:	8/12/18	11:30		
		Date	Time	⊠ am	pm pm
	By: D. Donahue				
	•				
2.	SSO Stopped:	8/1218	3:30		
		Date	Time	🛛 am	pm
3.	SSO Discharge from: 🛛 Sanitary Sewer Manhole 🔲 Pump Station				
	_	COCCO CONTRACTOR NEW ACCOUNTS	T drip Station		
	☐ Backup into Property ☐	Other:	(anasit )		
1	(specify)				
4.	SO Discharge to:  Ground Surface (no release to surface water)				
	☐ Direct to Receiving Water		(surface water)		
	☐ Catch basin to Receiving Water		,		
			(surface water)		
	☐ Backup into Property Base	ment			
	7 = 400	outs (partie) In Italia			



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Tax Identification Number C. SSO Information (cont.) Bennett St. & Commercial St Lynn, MA Location: (Description of discharge site or closest address) 5. Estimated SSO Volume at time of this Report: >10,000 gal < 1MGD Method of Estimating Volume: visual observation 6. Cause of SSO Event: Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System ☐ Treatment Unit failure ☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Combined sewer and stormwater system overwhelmed by rainfall Other: (Specify) Corrective Actions Taken: sewer manhole covers replaced when flow subsided Impact Area cleaned and/or disinfected: Yes ⊠ No Corrective Actions Completed: No D. Comments/Attachments/Follow-up I wish to provide (select all that apply): ☐ Attachment ☐ Additional comments below: ☐ No additional comments or attachments Additional comments and planned actions: 8" of rain in a 4 hour period caused surcharge condtions in the combined sewer collections system directly upstream of POTW.



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#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

8/13/18

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

## MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region Phone: 978-694-3215 Fax: 978-694-3499

Southeast Region Phone: 508-946-2750 Fax: 508-947-6557

Central Region Phone: 508-792-7650 Fax: 508-792-7621

Western Region Phone: 413-784-1100 Fax: 413-784-1149

**EPA Contact** Phone: 617-918-1870 Fax: 617-918-0870

DEP 24-hour Phone: 888-304-1133 emergency